Division of Corporations Electronic Filing Cover Sheet

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(((H15000126758 3)))



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To:

Division of Corporations

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Email Address:

Foreign Limited Liability Company AMH Management, LLC dibia AMH Management FL, LLC

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Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Com			
SUBJECT: AMH Mana	ngement.LLC dibla AMU Name of Limite	Janagement FL, U. d Liabilly Company	<u>c</u>
The enclosed "Application Existence, and check are:	n by Fereign Limited Liability Comp submitted to register the above refer	pany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florids," Certificate of ty company to transact business in Florida.
Please return all correspo	ndence concerning this matter to the	following:	
Joe Mil			
	N	ame of Person	
AMH N	Management LLC		
	F	ітп/Сотралу	
33 Loc	kwood Drive		
		Address	
Charles	ston, SC 29401	late and Zip Code	
		thic may hip Code	
rm@atk	anticmarinaholdings.com E-mail address: (to be use	d for future annual report notif	ication)
For lurther information of	concerning this matter, please call:		
Rebecca McMi	enemy	ut 1 843 1 576-2	.499 Juylime Telephone Number
	Name of Contact Person	Area Code D	Juytime Telephone Number
MAILING AD Division of Cor	porations Divisio	ET ADDRESS: in of Corporations	
Registration Se P.O. Box 6327		ation Section Ruilding	
Tailahassee, Fl.		executive Center Circle	
Enclosed is a check	for the following amount:		
□ \$ 125.00 F(II)	ng Fee \$130.00 Filing Fee & Certificate of Status	© \$155.00 Filing Fee & Certified Copy	S \$160.00 Filing Fee, Certificate of Status & Certified Copy



May 28, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: AMH MANAGEMENT, LLC

REF: W15000037544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H15000126758 Regulatory Specialist II Letter Number: 115A00011169 Registration/Qualification Section

PECEIVED
15 MAY 28 MM 9: 40
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L AMH Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.") AMH Management FL, LLC (If name unavailable, enter alternate name adopted for the purpose of transecting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L1.C.") 2. South Carolina 3. 20-2485385 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florido, If prior to registration.) (See sections 605.0904 & 695.0905, F.S. to determine penalty liability) 5. 33 Lockwood Drive Charleston, SC 29401 (Street Address of Principal Office) 6. 33 Lockwood Drive Charleston, SC 29401 RIDA (Meiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Joe Miller, Manager 33 Lockwood Drive Charleston, SC 29401 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the aware that any folse information under the section of t gment constitutes an affirmation under the penalties of perfury that the facts stated herein are true, I am aware that any false information submitted in a document to the Definement of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Joe Miller

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ele, the alternate to be used in the state of Florida is:	
NEW MI	anagiment FL LLC	
2. The nam	e and the Florida street address of the registered agent and office are:	TALL I
	C T Corporation System	7
	(Name)	ひにた
	1200 South Pine Island Road	<u>.</u>
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	•,
	City/State//ip	
liability con registered a statutes rela	n named as registered agent and to accept service of process for the above state appany at the place designated in this certificate, I hereby accept the appointmen agent and agree to act in this capacity. I further agree to comply with the provisating to the proper and complete performance of my duties, and I am familiar was bligations of my position as registered agent as provided for in Chapter 605, Fi	i as sions of all ith and
•		
Statutes.	CT Corporation System Total Keeper Ass. Sometry By:	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMH MANAGEMENT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 30th, 2004, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 26th day of May, 2015.

Mark Hammond Secretary of State